POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	P7X .	78511	112	
O.I.P.E. CLASSIFIER	5~/	13	25	
FORMALITY REVIEW	Tol.	64934	12700	
RESPONSE FORMALITY REVIEW	m	64934	515 00	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed		Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted		Objected

÷ Hestricted 0 Objected										
Claim Date	Claim [ate	Claim	Date						
Onginal Conginal Congina Conginal Conginal Congina Congina Congina Congina Congina C	Original Original		Final							
Final Onigir	Final		Final Origin							
(1) V V V	51		101							
2110	52		102							
3 1 1 1	53		103							
	54	 	104							
5	55	┽┼┼┼┤	105							
6 0 0	56	 	106							
7 0 8	58		107							
9 0	59	 	109	╼┾╌┼╌┼╌┤						
10 10 0	60	┤┤┤ ┤┤┤┤	110	╼┼╌┼╼┼╌┼╍┼┈┤						
11/10	61	┤┤┤┤ ┤	111	╼┿═╅╌╉═┋═╁╌╏						
	62	┤╌╎╌╎╶┤╶┤ ╴╎	112							
13/7) (0)	63	┤╏ ┼┼┼┤	113							
140000	64	 	114							
15/0 () 0	65	┤┤┤	115							
16 (D) () ()	66		116	- 						
17 10 0	67		117							
18 0	68		118							
19 0	69		119							
(20) V	70		120							
21 0	71		121							
22	72		122							
23 0	73		123							
24	74		124							
25	75		125							
26 0	76		126							
27 0	77		J 127							
28 1 1	78		128							
29	79	 	129							
30 1 2	80	┤┤┤ ┤┤	130	╾┾╾┼╌┼╌┼╌┼						
31 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	82	┦ ╶┦╌┦╌┦╌┦	131	/ - - - - - -						
	83	┤╸┤╸ ┤╸┤╸┤╴┤	133	′ 						
34 = =	84	╅	134	- - - - - - - - - - 						
35 ==	85	 	135							
(36) = =	86		136							
37 = 0	87		137							
38	88		/138							
39	89		/ 139							
40	90		140							
41	91		141							
42	92		142							
43	93		143							
44	94		144							
45	95		145							
46 7	96		146							
47	97		147							
48 3	98	┦╶ ┦╌┦╌┦╴┞	148							
50	99	╀┼┼┼┼┼	149							
[]30[]]]	100	ا للللل	150							

a

Best Available Copy

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)